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employee cannot work more than 4 hours per day and/or on a particular shift for two weeks; employee cannot work in an environment over 80 degrees for 3 months etc.). If the condition is episodic, please indicate both the historic and anticipated future frequency.

*patient is currently unable to work for 4 hours or greater due to inability to do repetitive motions, diminished sleep cycles have increased pain perception, patient continues on medication for pain cannot lift greater than 5 lbs.*

b. For each job restriction described in Question 3(a) above, describe the activities that the employee can perform within the restriction (e.g., although the employee cannot lift over 40 pounds, she can lift 10 pounds frequently and 25 to 40 pounds occasionally).

*would like to consider RTW with accommodations after 3/5/14, possible 4 hours a day, no lifting over 5 lbs if available.*

4. Questions 1 through 3 above focus on the employee's ability to work. Do any of the diagnoses or conditions identified in response to Question 3 substantially limit the employee's ability to perform any major life activities other than working, such as caring for him/herself, performing manual tasks, walking, seeing, hearing, speaking, breathing, reproducing, learning, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, etc.?

☒ Yes ☐ No

5. If the answer to Question 4 is "yes," please identify all of the major life activities

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affected by the diagnosis or condition and describe the manner in which the diagnosis or condition limits each activity.

*limitation in sleep, lifting, sitting, standing  
repetitive motions of upper extremities, decreased  
concentration and ability to make decisions.*

6. In the space provided below, please identify any tests or other diagnostic tools that were used to determine this employee's abilities or the nature of his/her impairment, including the names of the tests or diagnostic tools and the dates on which any such tests or tools were administered to the employee.

*N/A*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_  
*[Signature]*

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**B. To Be Answered By the Company**

*The Area Human Resources Manager, in consultation with the District Human Resources Operations Manager and Occupational Health Supervisor, should complete this section following the Checklist Meeting.*

**1. Accommodations to Employee's Current Job**

With respect to each accommodation identified by the employee or by the company that involves modification of the employee's **current** job, please indicate in the applicable chart below whether the means exist to make the requested accommodation.

*Attach a copy of the essential functions list for the employee's current position.*

<b><u>EMPLOYEE PROPOSED ACCOMMODATIONS</u></b> (In Current Job)		<b>DO MEANS EXIST?</b> (y/n)
1.	MINIMAL USE OF WAISTS, ARMS, SHOULDERS FOCUS, RETENTION OF INFORMATION, CONCENTRATION	N
2.	AND DECISION MAKING, WORK NO MORE THAN 4 HOURS A DAY	N
3.	ALLOW WORK FROM HOME. 1-2 MORE BREAKS IN MORNING & AFTERNOON.	N

<b><u>COMPANY IDENTIFIED ACCOMMODATIONS</u></b> (In Current Job)		<b>DO MEANS EXIST?</b> (y/n)
1.	ADDITIONAL BREAKS WORK 4 HRS/DAY	Y N
2.	ERGONOMIC WORK STATION	Y
3.	WORK IN SMALL GROUP OR PRIVATE LOCATION	N

## 2. Accommodations Involving Transfer or Reassignment

With respect to each accommodation identified by the employee or by the company that involves a transfer or reassignment to another job, answer the following questions in the applicable chart below:

- Are there any current openings or does the company know that a vacancy will occur within a reasonable period of time (e.g., the next four weeks)?
- Does the employee possess the requisite education, skills and experience ("ESE") for the position?
- Is the employee capable of performing the essential job functions ("EJF") of this position with or without reasonable accommodation?

Attach a copy of the essential functions list of each identified position.

	<b>EMPLOYEE PROPOSED ACCOMMODATIONS (Transfer or Reassignment)</b>	<b>AVAILABLE? (y/n)</b>	<b>ESE? (y/n)</b>	<b>EJF?*</b> (y/n)
1.	WORK 4 HOURS PER DAY	N	Y	N
2.				
3.				

\*NOTE: If you answered "no" in the EJF column, briefly describe which essential functions the employee may not be able to perform and explain why.

EMPLOYEE REQUESTS MINIMAL USE OF UPPER EXTREMITIES, FOCUS, CONCENTRATION, AND DECISION MAKING ARE REQUIRED. FOCUS, CONCENTRATION, AND DECISION MAKING ARE A REQUIREMENT OF THE JOB.

	<b>COMPANY IDENTIFIED ACCOMMODATIONS (Transfer or Reassignment)</b>	<b>AVAILABLE? (y/n)</b>	<b>ESE? (y/n)</b>	<b>EJF?*</b> (y/n)
1.	NONE IDENTIFIED	N	N/A	N/A
2.				
3.				

\*NOTE: If you answered "no" in the EJF column, briefly describe which essential functions the employee may not be able to perform and explain why.

FOCUS, CONCENTRATION, AND DECISION MAKING.  
WORK IN QUIET ENVIRONMENT. USE OF UPPER EXTREMITIES  
SUCH AS REIST. HANDS, SHOULDERS AND WRISTS FOR LONG PERIODS OF TIME.

Lenore Hawthorne Date Completed: 4-10-14  
Signature

*NOTE: Be sure to memorialize the steps taken to search for an accommodation, preserve supporting documents, and send relevant documents and e-mails along with this completed form to the HRSC OHS to save in the case file.*

On Tuesday, December 8, 2015, in the mid-morning, the claimant departed his residence operating the BMW 3 Series. He arrived at Sonterra Medical Park and entered. He exited the building a short time later, walked to his vehicle, and departed. He arrived at his residence and entered. Later, in the afternoon, the claimant stood in the driveway, looking at what appeared to be papers and placing an item in the trash. He moved out of view briefly. He moved back into view and looked up, as if he was looking at the roof or side of his residence. He then moved out of view. He remained at his residence throughout efforts.

On Wednesday, December 9, 2015, shortly before noon, the claimant departed his residence operating the BMW 3 Series. He arrived at Custom Sounds car stereo store. He remained seated in his vehicle for several minutes before entering the store. He exited the store a short time later and departed. His vehicle was next observed parked in front of Dillard's Department Store at the North Star Mall. The claimant departed a short time later. He arrived at Best Buy, exited his vehicle, and entered the store. The claimant departed a short time later. His vehicle was next observed at his residence. The claimant was observed in his front yard minutes later. He bent forward to plug in an extension cord. He then bent forward to plug an electronic drill into the extension cord. For a period of approximately 49 minutes, the claimant was observed working outside of his residence. During this time the claimant leaned and bent over, reached with both hands, and cut pieces of exterior siding from his residence. He carried the pieces of siding to the side of the residence out of view. He also carried a small ladder from the front of the residence to the side. He swept using a broom in both hands. He leaned forward while he swept. He intermittently walked in and out of view. The claimant was last observed in his yard.

## DETAILS

**THURSDAY, NOVEMBER 12, 2015**  
**9903 CAROLWOOD DRIVE**  
**SAN ANTONIO, TX**  
**SURVEILLANCE**

WEATHER: Sunny, 60s

6:10 a.m. I arrived at the claimant's residence, which is a green, one-story, single-family home with a brown roof. There was a basketball hoop in driveway.

A blue 2011 BMW 3 Series with TX registration BHJ6782 was parked in the driveway.

This vehicle is registered to the claimant's wife, Claudia Gonzalez.

No claimant activity was observed. I established a surveillance position.

8:55 a.m. No claimant activity was observed.

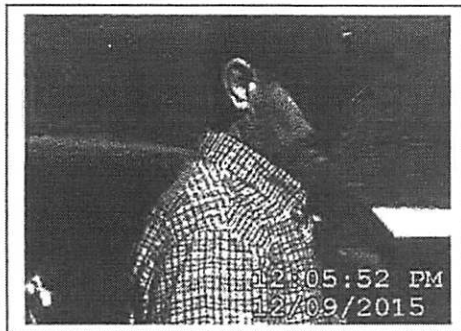




## CLAIMS BUREAU USA, INC.

PO Box 2936, WOBURN, MA 01888 • 800-651-0460

December 29, 2015



**ATTENTION:** Aetna  
Brian Flynn

**CLAIM NO.:** 8882870

**CLAIMANT:** Ronald Gonzalez

**INSURED:** UPS

**D.D.:** 4/22/13

### ASSIGNMENT

The above-captioned matter was reassigned to this office to conduct surveillance on the claimant, who was reported to reside at 9903 Carolwood Drive, San Antonio, TX 78213.

### SUMMARY

The claimant, Ronald Gonzalez, resides at 9903 Carolwood Drive, San Antonio, TX 78213. **He was observed operating a blue BMW 3 Series with TX registration BHJ6782.** This vehicle is registered to the claimant's wife, Claudia Gonzalez.

**During surveillance, the claimant was observed bending and leaning forward on several occasions. He also utilized his right arm at times.**

On Thursday, November 12, 2015, the claimant was not observed.

On Friday, November 13, 2015, in the late morning, the claimant arrived at his residence operating the BMW 3 Series. **He pushed a rolling trash can from the driveway to the curb area. He then entered his residence.** No further claimant activity was observed.

Claims Bureau USA is licensed and insured in all service areas including:  
 • Arizona 1535994 • California PI27134 • District of Columbia PDB3567 • Florida A2200341 • Georgia PDC002195  
 • Illinois 117.001328 • Indiana PI20700085 • Missouri 2010037301 • Montana 7653 • Nevada 1313 • New York 11000095550  
 • North Carolina 3311 • Oregon 33272 • Texas A13349 • Utah P101273 • Virginia V11-3892 • Washington 2400

- 1 -

Jan. 25. 2016 9:14AM

Dr. Bacon

No. 0085 P. 9

Mr Gonzalez has recently started a Multivitamin called THRIVE. We discussed this in great detail and have gone over the properties. It is a mixture of vitamins and probiotics. Mr Gonzalez states that the baclofen prescribed at his last visit has helped his clenching and pain in his right hand and arm. We discussed the "Thrive" and I have gone over all the ingredients and how this may benefit and possible side effects. Mr Gonzales should probably be taking more probiotics and I have suggested Menomune and I have also suggested that if his vitamin D is low he should be taking more to get his vitamin D levels up. I have discussed these options in great detail, Mr Gonzalez states that he has had his vitamin D levels checked and the results were normal. The ketamine at 1050.00 worked very well for him. I will refill his medications and see him back in 3 months. He has had relief for 2 weeks at this point, Mr Gonzalez will schedule his next ketamine infusion.

UDS: A urine sample was considered: It was NOT TAKEN (not necessary at this visit).

**Prescription:**

**1 Morphine Sulfate Er 30 Mg Cap SIG: 1 po tid for pain QTY: 90.00 REF: 2**

**2 Percocet 10-325 Mg Tablet SIG: 1 po q 3 hours NTE 8/day for pain QTY: 240.00 REF: 2**

**Followup:**

**(1) 3 Month(s) FOLLOW UP VISIT**

**02/03/2016 on this day if possible**

**(2) 2 Week(s) KETAMINE INFUSION**

**for 3 days**

This visit note has been electronically signed off by Donald Bacon, MD.



12 Silenor 3 Mg Tablet (Other MD) SIG: 1/2 po q hs  
13 Vfibryd 20 Mg Tablet (Other MD) SIG: 1 po qd

**Medications tried in the past:**

**Membrane stabilizers -**

- Depakote (valproate) (oral) - stopped; not helpful.
- Gabapentin IR (Neurontin) - not helpful; stopped.
- Pregabalin (Lyrica) - stopped; not helpful.
- Levetiracetam (Keppra) - stopped; not helpful.
- Mexiletine (Mexitil) - stopped; side effects.

**AETNA  
REDACTED**

**Vital Signs:**

Weight: 193 lbs Percentile: 88 Z-score: 1.209, Height: 5' 11" Percentile: 68 Z-score: 0.490,  
BMI: 26.92 Percentile: 84 Z-score: 1.004, BSA: 2.09 Percentile: 84 Z-score: 1.004, BP: 120/80  
(Left Arm)(Sitting), Pulse: 80 (Right radial)(Sitting), Respiration: 14

**Physical Exam:**

**General Appearance:** Appropriate dress, grooming, and demeanor.

**History of Present Illness:** [REDACTED]

**Eyes:** general appearance, and movement with no apparent visual deficiencies.

**ENT:** external appearance of ears with no discharge and no apparent hearing deficit.

**Cardiovascular:** lack of dyspnea, normal color, normal lack of edema, no JVD.

**Respiratory:** breathing pattern without labor, pursing, nor wheezing.

**Neurologic:** Normal by appearance - no specific testing.

**Assessment:**

- G89.28 Other chronic postprocedural pain
- G90.519 Complex regional pain syndrome I of unspecified upper limb
- M25.511 Pain in right shoulder
- M54.2 Cervicalgia
- M79.601 Pain in right arm

**Plan:**

**PROBLEMS DISCUSSED:**

**ARM PAIN:** Stabilized with continued improvement following infusion.

**MEDICATION MANAGEMENT:** Mr Gonzalez states that he believes that the three day ketamine infusion worked well for him and he would like to try it again. I have agreed with this.

Patient: Gonzalez, Ronald DOB: REDACTED Visit: 11/05/2015 Page: 6

Gastrointestinal: (-) abdominal pain, (-) heartburn, (-) constipation, (-) diarrhea, (-) nausea, (-) vomiting, (-) hematochezia, (-) melena, (-) change in bowel habits.

Urinary: (-) dysuria, (-) frequency, (-) urgency, (-) hesitancy, (-) hematuria, (-) urinary incontinence, (-) flank pain, (-) change in urinary habits.

Genito-Reproductive: (-) sexual difficulties.

Neurological: (-) numbness, (-) tingling, (-) tremors, (-) seizures, (-) vertigo, (-) dizziness, (-) memory loss, (-) any focal or diffuse neurological deficits.

Peripheral Vascular: (+) intermittent claudication, (-) cramps, (-) varicose veins, (-) thrombophlebitis.

Endocrine: (-) heat or cold intolerance, (-) excessive sweating, (-) diabetes, (-) excessive urination.

Hematological/lymphatic: (-) anemia; (-) bleeding disorder; (-) bruising; (-) polycythemia; (-) lymphadenopathy; (-) lymphadema.

Psychiatric: (+) anxiety, (+) depression,

**Medical History:**

His past medical history is unremarkable.

**Surgical History:**

Surgical History: wisdom tooth removal 2010, SCS trial Dr. Martinez 11-4-13, cubital tunnel release, carpal tunnel release and shoulder surgery Dr. Sledge 2013 Left shoulder Dr. Sledge 3/26/15 Right shoulder.

**Family History:**

Patient's father has a history of colon cancer.

**Social History:**

Smoking: Patient has never smoked Mr. Gonzalez does not drink alcohol. The patient is married.

**Allergy:**

hydrocodone, Nucynta, Penicillins, sulfonamides

**Current Medications:**

1 Naltrexone 50 Mg Tablet SIG: dissolve one half tablet in one liter of distilled water and take 1/8 cc daily to prevent tolerance

2 Phenergan 25 Mg Suppository SIG: use prn for nausea

3 Metanx Capsule 3 Mg-35 Mg-2 Mg -90,314 Mg SIG: 1 po qd

4 Ketamine Troches 40 Mg Compounded SIG: 1 po 5 times a day for pain

5 Percocet 10-325 Mg Tablet SIG: 1 po q 3 hours NTE 8/day for pain

6 Diclofenac Sod Dr 75 Mg Tab SIG: 1 po at onset of headache

7 Baclofen 20 Mg Tablet SIG: 1 po q hs

8 Morphine Sulfate Er 30 Mg Cap SIG: 1 po tid for pain

9 Clonazepam 1 Mg Tablet (Other MD) SIG: 1/2 po qd

10 Latanoprost 0.005% Eye Drops (Other MD)

11 Nefazodone Hcl 50 Mg Tablet (Other MD) SIG: 1/2 po q hs

Patient: Gonzalez, Ronald DOB: REDACTED Visit: 11/05/2015 Page: 5

had lidocaine or magnesium infusion. After the third infusion, the left arm was pain free for 8 days with full range of motion. The left anterior chest was pain free as well, the right hand was improved for eight days and he was able to stop the percocet. but needed to take a moderate amount due to withdrawal symptoms. He remained improved but after approximately eighteen the pain returned fullu. When leaving his infusion he was severely nauseated and needed to be prescribed phenergan.

He has had right shoulder pain on the right shoulder with synovectomy, spur removal and manipulation under anesthesia March 26. As of April 2015, the right shoulder pain has not improved. He has started therapy.

Status since starting ketamine infusion the status has changed with definite improvement in the left shoulder and chest pain. The right arm has not improved to any degree that he can ascertain. Again trial spinal stimulator was irritating and did not actually stimulate the right arm after he got home following the trial procedure.

He has noticed that the left shoulder was further improved with the xylocaine inclusion but mexelitine caused upset stomach and difficulty with tenesmus recognition and was stopped.  
**Current Status of the pain:** The primary location of the pain involves the left shoulder, right shoulder (started 08/23/2014 no injury), left upper arm (lateral), right upper arm (lateral elbow), right forearm and right hand The pain radiates to the anterior chest wall.  
**Associated Symptoms:** Weakness of the right arm.; Muscle spasm of the.; abnormal hair growth fo left arm.  
**Factors which cause or worsen the pain:** long hours, erect activities, using the arms overhead and standing.  
**Factors which relieve the pain:** medication and ketamine infusion.

**SLEEP DISORDER:** ( With associated co-morbidities of organic sleep apnea G47.20) .

**SPECIAL RISK FACTORS OR CONSIDERATIONS:**

- Long term use of opioids for chronic pain (Z79.891).

**ROS:**

**General:** (+) fatigue.

**Musculoskeletal:**

**Skin:** (-) rashes, (-) lumps, (-) itching, (-) dryness, (-) acne, (-) discoloration, (-) recurrent skin infections, (-) changes in hair, nails or moles, (-) ulcerations, (-) hypersensitivity.

**HEENT:** wears glasses.

**Neck:** (-) swollen glands, (-) enlarged thyroid, (-) neck pain.

**Respiratory:** (-) cough, (-) hemoptysis, (-) shortness of breath, (-) wheezing, (-) nocturnal choking or gasping, (-) TB exposure.

**Cardiac:** (-) chest pain, (-) edema, (-) high blood pressure, (-) irregular heartbeat, (-) palpitations, (-) shortness of breath.

**Patient:** Gonzalez, Ronald **DOB:** REDACTED **Visit:** 11/05/2015 **Page:** 4

UDS not taken on last visit (not necessary) (not requested).

LB-- RDL.

**Pain Scale:**

**Severity of Pain:** moderate.

**VAS:** Pain at least intensity: 1 2 /10, Pain at worst intensity: 9 /10. Pain most of the time: 6 7 /10. Pain presently: 6 /10.

**HPI :**

**PRIMARY PROBLEM:** Chronic Post Procedural Surgical Pain G89.28: Chronic Post Procedural Surgical Pain G89.28.

**CERVICAL PAIN:** With associated co-morbidities of spinal enthesopathy, cervical (M46.020.

**Current Status of the Neck Pain:** The location of the neck pain is left lower cervical. Neck pain radiates to the shoulders.

**Associated Symptoms:** Weakness of the arms.; Muscle spasm of the forearms.

**Factors which cause or worsen the pain:** turning head to either side.

**UPPER EXTREMITY PAIN:** ( With associated co-morbidities of CRPS 1 upper extremity (G90.519) shoulder pain (M25.519); adhesive capsulitis (M75.00) ].

**History:** He had carpal tunnel release of the right wrist in Dec 2009. After his carpal tunnel release, the pain nor symptoms did not change appreciably and he had a second surgery of ulnar release at the right elbow. The pain symptoms worsened after this surgery with increased pain, edema, livedo, burning, nail growth changes and hair growth changes (no appreciable hyperhydrosis). iagnosis of CRPS was made by Dr. Otto on 9-20-11. the pain and symptoms increased in the right arm eventually involving the elbow and all digits of the right hand except the thumb. He was referred to Dr. Martinez for pain management, but was experiencing right shoulder pain and was seen by Dr. Sledge in 2013. About 6 months prior to seeing Dr Sledge, he began to notice pain in the left anterior chest. He has undergone physical therapy with continued self therapy.

He had stellate ganglion blocks which afforded some relief but with diminishing duration of benefit. He has had three ketamine infusions which have definitely helped, the last one affording eight days of near complete pain relief and improved function of the right arm and hand.

There have been three ketamine infusions and the first dose was low and the third infusion was 400 and he received infusions every three weeks. He had been able to to regain range of motion in the left shoulder and the burning pain of the right hand minimized. His anxiety and depression minimized with the infusion. The last ketamine infusion was performed February 2014. He has not

Patient: Gonzalez, Ronald DOB: REDACTED Visit: 11/05/2015 Page: 3

LB-- DL 10/30/2015 RDL.

**PREVIOUS VISIT DISCUSSION AND PLAN:**

10/05/2015

**Plan:**

**PROBLEMS DISCUSSED:**

**CERVICAL PAIN:** He still gets headaches following the ketamine infusion. He takes diclofenac, which helps.

He notes that he did well on the higher dose of ketamine. He has had three days versus four on the infusion, and did well. This is an option to consider. If he decides to do a three day infusion, he will let me know.

**ARM PAIN:** He has been waking up with his hand clenched. He can straighten it out, but it takes some force. He does not take any muscle relaxants.

**MEDICATION MANAGEMENT:** We discussed his medication regimen. Oxycontin was added at night because he was waking up with pain. We discussed increasing the Morphine to three times daily, and discontinuing the Oxycontin. He was given refills today.

Because of the spasms in his right hand and arm, Baclofen was added to his medication regimen.

**UDS:** A urine sample was considered: It was NOT TAKEN (not necessary at this visit).

**Prescription:**

1 Morphine Sulfate Er 30 Mg Cap SIG: 1 po tid for pain QTY: 90.00

2 Baclofen 20 Mg Tablet SIG: 1 po q hs QTY: 30.00 REF: 2

**Changed/Discontinued Medication(s):**

**Discontinued By Other MD:** ATIVAN 1 MG TABLET - has not taken since 9/22/15 because he is on the clonazepam and prefers to take that over the ativan

**Discontinued By Other MD:** OXYCONTIN 20 MG TABLET

**Followup:**

already scheduled.

**STATUS SINCE LAST ENCOUNTER** MR Gonzalez presents for a follow up and to refill medications. He states that he is stable at this time and has decided to go ahead with the 3 day ketamine infusions. He also states that the increase in the Morphine ER has helped. He has brought in a supplement that he would like looked over and discuss if it is safe.

Patient: Gonzalez, Ronald DOB: REDACTED Visit: 11/05/2015 Page: 2

**Donald D Bacon MD PA**  
**525 Oak Center Drive Ste 140**  
**San Antonio TX 782583916**  
**Phone: 210-546-1410 Fax: 210-546-1419**

**Visit Note - Office Visit**

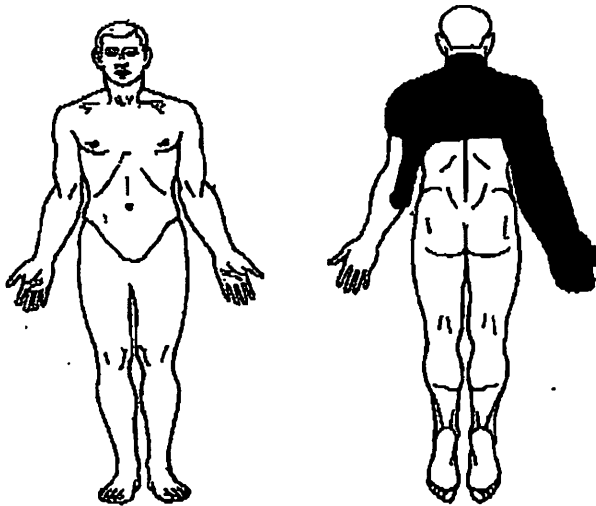
**Provider: Donald Bacon, MD**  
**Encounter Date: November 05, 2015**

**Patient: Gonzalez, Ronald (570)**  
**Sex: Male DOB: REDACTED Age: 56 year 9 month**  
**Race: Unreported/Refused to Report**  
**Address: 9903 Carolwood Dr, San Antonio TX 78213**  
**Primary Dr.: Marybeth Harr, MD**  
**Insurance: Humana Gold Choice (PFFS)**

**Referred By: Donald Bacon, MD**

**Medical Assistant:**  
**Medical Assistant : Rebecca Long**

**Ready for Review:**



**Chief Complaint:**

**REASON FOR ENCOUNTER: a follow up appointment CHIEF COMPLAINT: cervical pain and upper extremity pain.**

**Patient: Gonzalez, Ronald DOB: REDACTED Visit: 11/05/2015 Page: 1**



Claim Number: 8882870

# **aetna®** Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

Aetna Life Insurance Co.  
PO Box 14560  
Lexington, KY 40511  
Phone: 1-866-825-0  
Fax: 1-866-667-1988

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title I from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of a test of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisted reproductive services. Please note that it is appropriate under GINA to provide family medical history when an employee is requesting leave to care for a family member.

1. Patient Instructions - The Physician will complete Sections 2 through 7.  
The Patient will complete Sections 1 and 8.  
The Patient should also fill in their name at the top of Pages 2 and 3.

The Patient is responsible for completing this section and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this by their physician. If you have any questions, please call 1-866-825-0186.

(a) Control Number 0839230

(b) GONZALEZ, RONALD / 1959  
Patient Name (Last, First, Middle Initial) Social Security Number Year of Birth Height Weight

(c) Patient Gender ☒ Male ☐ Female

(d) Patient Home Address - Required (Current No., Street, Town, State, ZIP - no PO boxes) ☐ Check if New

(e) Mailing Address, if different from Home Address \_\_\_\_\_

(f) Patient Employer Name/City/State UPS

(g) Patient Telephone Number \_\_\_\_\_ ☐ Check if

(h) Job Title/Occupation Ent Acct Inside Sales Rep

(i) Type of Claim: ☐ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium  
☐ Long Term / Permanent Total Disability

## 2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call 1-866-825-0186.

Please complete form in its entirety and fax to 1-866-667-1988, Pages 2 and 3 MUST be completed before 1

## 3. Impairing Diagnosis & Treatment

(a) For medical reasons, the patient will need to be absent from work due to a disability beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
(MM/DD/YYYY) (MM/DD/YYYY)

(b) Primary Diagnosis Chronic Migraine Primary ICD Code 338.28  
Secondary Diagnosis CPA Secondary ICD Code 332.91  
Other Diagnoses Essential HTN Other ICD Codes 101

(c) Height \_\_\_\_\_ Weight \_\_\_\_\_ Date Measured (MM/DD/YYYY) \_\_\_\_\_

(d) If Pregnancy related, delivery or expected due date Month NA Day \_\_\_\_\_ Year \_\_\_\_\_  
Delivery Type: ☐ Vaginal ☐ Cesarean

(e) Surgery Date \_\_\_\_\_ Month NA Day \_\_\_\_\_ Year \_\_\_\_\_  
Primary Procedure \_\_\_\_\_ Primary CPT Code \_\_\_\_\_  
Secondary Procedure \_\_\_\_\_ Secondary CPT Code \_\_\_\_\_  
Other Procedures \_\_\_\_\_ Other CPT Codes \_\_\_\_\_

(f) Medication(s)/Dose/Frequency Prophylactic 20mg bid, Plavix 10-30mg bid  
Impairment from medication effects None

(g) Is patient still under your care for this condition? ☒ Yes ☐ No Date service terminated \_\_\_\_\_  
(MM/DD/YYYY)

(h) Treatment Summary \_\_\_\_\_

(i) Office Visit Dates: First 04/01/2015 Last 07/12/2015 Next 08/12/2015 Frequency of appointments Monthly  
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(j) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit \_\_\_\_\_ Discharge \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

(k) Hospital Name/City/State \_\_\_\_\_

7/28/2015 Aug. 5, 2015 8:58AM

AETNA -&gt; FAXTRAN62

No. 5021 P. 610 of 12

Print Letter

Page 8 of 10

Claim Number: 8882870

Patient Name (Last, First, Middle Initial) Required

GONZALEZ, RONALD

## 4. History

(a) Symptoms: Right Arm burning numb, right shoulder & right forearm(b) Date symptoms first appeared or accident happened Month 12 Day 12 Year 2009(c) Has patient ever had same or similar condition? ☒ No ☐ Yes State when and describe(e) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

## (f) Other Treating Physicians

Name \_\_\_\_\_ Specialty \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## 5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

• Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in• Able to work with others ☒ Yes ☐ No ☐ Other/describe in• Able to give supervision ☒ Yes ☐ No ☐ Other/describe in• Able to work cooperatively with others in group setting ☒ Yes ☐ No ☐ Other/describe in

• Able to do? Select one: Place remarks in item (d) below, if applicable.

☐ Heavy work activity. No limitations of functional capacity.☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequent and/or greater than negligible up to 10 pounds of force constantly.☐ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequent and/or greater than negligible up to 10 pounds of force constantly.☒ Sedentary work activity. Moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. (Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time.)☐ No ability to work. Severe limitation of functional capacity; incapable of minimal activity.☐ Other. Place remarks in item (d) below.(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) NO pulling, pushing, lifting > 5#• Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☒ 4 ☐ 2 ☐ 1 hour/day• Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 days/week• Date you prescribed restriction on work activities: Month 4 Day 12 Year 2015 Dr. Martinez• How long are these restrictions/limitations in effect? Indefinitely ☐ No Longer• Estimated return to work date? unknown Modified Duty (MM/DD/YYYY) Full Duty (MM/DD/YYYY)(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination and/or testing) Patient requires assistance 4 days per month for CPRS

## (d) Other Comments

## 6. Current Status

(a) Patient has ☐ Improved ☒ Stabilized ☐ Regressed ☐ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?

☒ No ☐ Yes, please explain(c) In your opinion, is your patient motivated to return to work? Yes

## 7. Physician Information

Attending Physician's Name (Print)

Donald Eason

Degree

M.D.

Specialty

Pain Management

Address (No Street, City, State, ZIP Code)

5550 AC 1st St, No SF 7258

Telephone Number

210 516 1410

Signature

Date (MM/DD/YYYY)

08/03/2015

<https://vkal.aetna.com/vkal/PrintLetter.aspx>

DCN: 150805057347 PAGE: 011 SEQUENCE: SMF0805201501247001 Timestamp: 10:08:10 am EST

07/28/2015

D-RG-003967

04/12/2015 11:25 2104bCB16

3

Claim Number: 6882870

Employee Name  
GONZALEZ, RONALD

9. Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attorney Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

WYAD  
CR-0714-03 (3-44)

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FROM: 150805057347 PAGE: 009 SEQUENCE: SWF0805201501247001 Timestamp: 10:06:10 am EST

**D-RG-003977**

TimeStamp: 06:49:22 pm EST

Date: 9/6/15 Interview with: Ronald Emzaly, 8882. 0

७७. सुभाष चन्द्र बोस का जन्म २७ जनवरी १८९७ ई. में कोलकाता में हुआ।

## ARABILITIES &amp; LIMITATIONS FORM

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[REDACTED]

I may consider, changing my aforementioned opinions as long as objective data are provided me for review in a timely manner.

Thank you for allowing me to evaluate this claimant. If you have specific questions, please feel free to contact me

Salvador P. Baylan, M.D.  
Specialty: Physical Medicine and Rehabilitation  
Board Certified, Physical Medicine and Rehabilitation  
Fellow, American Academy of Disability Evaluating Physicians  
License # E7371

Electronically signed by Salvador P Baylan MD on 09/13/2015 at 12:42 PM

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**RONALD H. GONZALEZ**

**I was asked to address the claimant's physical functional capability:**

**SIT:** There is no restriction for sitting. Legs and trunk are basically functional.

**STAND/WALK:** There is no restriction for sitting. Legs and trunk are basically functional.

**LIFT:** The right upper extremity is fully restricted in lifting. There is allodynia and alopathia from complex regional pain syndrome precluding lifting. The left upper extremity is unrestricted.

**CARRY:** The right upper extremity is fully restricted in carrying. There is allodynia and alopathia from complex regional pain syndrome precluding carrying. The left upper extremity is unrestricted.

**PUSH/PULL:** The right upper extremity is fully restricted in pushing and pulling. There is allodynia and alopathia from complex regional pain syndrome precluding pushing / pulling. The left upper extremity is unrestricted.

**REACH ABOVE SHOULDERS:** The right upper extremity is fully reaching above shoulders. There is allodynia and alopathia from complex regional pain syndrome precluding reaching. The left upper extremity is unrestricted.

**REACH ABOVE DESK LEVEL WHEN SEATED:** The right upper extremity is fully restricted in reaching. There is allodynia and alopathia from complex regional pain syndrome precluding reaching. The left upper extremity is unrestricted.

**REACH BELOW DESK LEVEL WHEN SEATED:** The right upper extremity is fully restricted in reaching. There is allodynia and alopathia from complex regional pain syndrome precluding reaching. The left upper extremity is unrestricted.

**BEND/TWIST/SQUAT/CRAWL:** The bending, twisting, and squatting are unlimited. The right upper extremity is fully restricted in crawling. There is allodynia and alopathia from complex regional pain syndrome precluding crawling. The left upper extremity is unrestricted.

**USE OF HANDS TO TYPE, HOLD, GRASP, FASTEN, GRIP WHILE SEATED:** The right upper extremity is fully restricted in holding, grasping, fastening, gripping. There is allodynia and alopathia from complex regional pain syndrome precluding performing the aforementioned actions. The left upper extremity is unrestricted.

The evaluation has been conducted based from the medical records available and patient's information with the assumption that the materials are true and correct.

Please note that when applicable recommendations noted above are based on the medical judgment, clinical experience and expertise in accordance with accepted medical standards and with reference and in compliance primarily with Official Disability Guidelines (ODG) and medical Disability Advisor (MDA)



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**RODRIGO GONZALEZ**

### Disability of Arm, Shoulder and Hand Scoring: 88

- Open a tight or new jar. (4)
- Do heavy household chores (5)
- Carry a shopping bag or briefcase (3)
- Wash your back (3)
- Use a knife to cut food (4)
- Recreation activities (4)
- Extent that arms has interfered with normal activities (5)
- Were you limited in activities as a result of your hand (5)
- Arm, shoulder, hand pain (5)
- Tingling in your arm, shoulder, hand (4)
- Difficulty in sleeping because of your pain (4)

### OSWESTRY DISABILITY INDEX (ODI) 62 %

#### ODI SCORING:

0% to 20%: minimal disability: The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.

21%-40%: moderate disability: The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.

41%-60%: severe disability: Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.

61%-80%: crippled: Back pain impinges on all aspects of the patient's life. Positive intervention is required.

81%-100%: These patients are either bed-bound or exaggerating their symptoms

#### IMPRESSIONS:

- Complex regional pain syndrome (337.21) - G90.519
- S/P Right carpal tunnel release (354.0) - G56.02
- S/P Right cubital tunnel release (353.1) - G54.1
- S/P right shoulder acromioplasty, distal clavicle resection
- Cervicalgia (723.1) - M54.2
- Chronic pain syndrome (338.4) - G89.4

#### CONCLUSION:

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[REDACTED]

O'Brien: negative  
 Cross-Body: negative  
 Empty Can: negative

#### **Left Elbow/Forearm Exam**

Incision: no incision  
 Skin: in tact with no erythema or scarring  
 Tenderness: nontender to palpation

#### **ROM**

Active Flexion: 130 degrees  
 Active Extension: 0 degrees  
 Active Pronation: 90 degrees  
 Active Supination: 80 degrees

#### **Right Elbow/Forearm Exam**

Incision: well healed  
 Drainage: none  
 Neuro: neurovascularly intact  
 Tenderness: lateral epicondyle

#### **ROM**

Active Flexion: 130 degrees  
 Active Extension: 0 degrees  
 Active Pronation: 85 degrees  
 Active Supination: 80 degrees

#### **Wrist/Hand Exam**

##### **Wrist Exam:**

##### **Right:**

Range of Motion:  
 Flexion-Active: 70 degrees  
 Extension-Active: 60 degrees  
 Radial Deviation-Active: 30 degrees  
 Ulnar Deviation-Active: 45 degrees

##### **Left:**

Range of Motion:  
 Flexion-Active: 70 degrees  
 Extension-Active: 60 degrees  
 Radial Deviation-Active: 40 degrees  
 Ulnar Deviation-Active: 45 degrees

##### **Tinel's:**

+ R-carpal.

##### **Phalen's Compression:**

Right > 60 seconds

##### **Carpal Compression:**

Right > 60 seconds

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**RONALD GONZALEZ**

Normal pulses in the upper extremities.

**Special Exams:**

**Label 1:**

Skin temperature:  
Right palm: 85.9 degrees F  
Dorsum: 84.5 degrees F

Left palm: 86.1 degrees F  
Dorsum: 85.3 degrees F

**Left Shoulder Exam**

Incision: well healed  
Drainage: none  
Skin: old scar  
Neuro: neurovascularly intact  
Tenderness: AC

**ROM**

Active Flexion: 155 degrees  
Active Extension: 50 degrees  
Active Abduction: 4+/5  
Active Adduction: 50 degrees  
Active Internal Rotation: 90 degrees  
Active External Rotation: 90 degrees

**Special Test**

Scapular Winging: negative  
Hawkins: negative  
Neer's: negative  
O'Brien: negative  
Cross-Body: negative

**Right Shoulder Exam**

Incision: well healed  
Skin: old scar  
Neuro: neurovascularly intact  
Tenderness: AC

**ROM**

Active Flexion: 90 degrees  
Active Extension: 45 degrees  
Active Abduction: 4/5  
Active Adduction: 20 degrees  
Active Internal Rotation: 90 degrees  
Active External Rotation: 45 degrees

**Special Test**

Hawkins: negative  
Neer's: negative



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## Detailed Neurologic Exam

### Motor Exam:

#### Gait:

Gait is normal.

#### Posture:

Posture is normal.

#### Spasm:

bilateral cervical.

#### Strength:

Grip strength with JAMAR is 50# on the dominant right hand and 80# on the left hand.

Right Shoulder Abduction (supraspinatus): 4/5

Left Shoulder Abduction (supraspinatus): 4+/5

Right Shoulder Abduction (deltoid): 4/5

Left Shoulder Abduction (deltoid): 4+/5

Right Biceps: 4+/5

Left Biceps: 5+/5

Right Triceps: 4+/5

Left Triceps: 5+/5

Right Wrist Extensors: 5+/5

Left Wrist Extensors: 5+/5

Right Handgrip: 4+/5

Left Handgrip: 5+/5

Right Interossei: 4+/5

Left Interossei: 5+/5

### Sensory Exam:

#### Sensation to Pin:

Normal sensation to monofilament in the upper extremities. two point discrimination is 6 mm bilaterally

### Reflex Exam:

#### Deep Tendon Reflexes:

Right Biceps: 1+

Left Biceps: 1+

Right Triceps: 1+

Left Triceps: 1+

Right Brachioradialis: 1+

Left Brachioradialis: 1+

### Measurements:

Right Forearm: 29 1/4

Left Forearm: 28

Right Arm: 32 1/2

Left Arm: 31

### Pulses:

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DCM: 150916104380 PAGE: 009 SEQUENCE: SMF0917201500170001 Timestamp: 06:49:22 pm EST

**Cervical Exam:**  
 Inspection: Normal  
 Palpation: Tenderness of the spinous processes and paracervical muscles. There is tightness of the upper trapezius muscles.  
 Spurling Maneuver: negative  
 Vascular: Capillary refill < 2 seconds, normal hair pattern, no evidence of ischemia.

**General:**  
 Well-developed, well-nourished, in no acute distress; alert and oriented x 3.  
 Gait: Normal heel-toe gait pattern bilaterally.  
 Skin: Intact with no erythema; well-healed scar in the elbow and shoulders. No trophic changes.

**Detailed Back/Spine Exam**

**Calculations**  
 Body Mass Index: 26.88  
 Blood Pressure: 154/86 mm Hg  
 Respirations: 24  
 Pulse rate: 72  
 Weight: 182 pounds  
 Height: 71 inches

**Vital Signs**  
 HEENT: Denies vision changes, ringing loss, tinnitus, rhinorrhea.  
 Respiratory: Denies SOB, cough, orthopnea, wheezing, PND.  
 Cardiovascular: Denies chest pain, palpitations, skipped beats.  
 Endocrine: Denies polyuria, polydipsia, heat/cold intolerance.  
 GI: Denies dysphagia, abdominal pain, nausea, vomiting, stool changes, melena.  
 Musculoskeletal: Denies heretofore, frequency, kidney stones, neuro: Complaints of weakness, memory loss, tremor, denies headache, numbness, stinging.  
 Musculo-skeletal: Complaints of Neck pain, joint pain, Denies Back pain.  
 Psychiatry: Complaints of Sleep, Procrastination, Depression, Anxiety, Denies Suicide, Hallucination.

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right shoulder pain as well as Percocet. He had been doing physical therapy at home and adding some light weights on his workouts. He was seen by Dr. Sledge and discussed the MRI of the right shoulder and showed no major abnormalities. He was given cortisone injection on the right shoulder but failed to get any relief. Patient underwent right shoulder surgery on 3/15 consisting of acromioplasty, distal clavicle resection and synovectomy. On 7/20/15, claimant was seen for follow-up. Patient reported that he had been doing well since the last infusion and was able to use hands by about 40%. He underwent Ketamine infusion.

Claimant is currently limited with use of his upper extremities. He has difficulty with overhead activities, unable to lift objects to above shoulder level. He has difficulty with reaching his back and doing self-care. He has difficulty with fine and gross motor skills on both hands. He has difficulty opening bottles and jars, difficulty with buttoning shirts and picking up small objects. He has difficulty lifting objects more than 5#. He has difficulty with pushing, pulling and carrying objects. Repetitive use of the hands is impaired especially typing, writing and gripping.

**CURRENT MEDICATIONS:**

- Naltrexone 50 mg tablet dissolved in 1 liter of distilled water
- Phenergan 25 mg suppositories
- Metamx Capsule
- Ketamine Troches 40 mg compounded
- Mexiletine 150 mg capsule daily
- Percocet 10/325 1 PO every 8 hours
- Morphine Sulfate ER 30 mg/cap BID
- Clonazepam 1 mg/tab
- Nefazodone HCL 50 mg tablet
- Silenor 3 mg/tab
- Vlibryd 20 mg/tab

**Past Medical History:**

Depression  
Anxiety  
Sleep Apnea

**Past Surgical History:**

Right carpal tunnel syndrome  
Right cubital tunnel release  
Bilateral shoulder surgeries  
Mandibular surgery

**Social History:**

Alcohol Use - no  
Drug Use - no  
Smoking History:  
Patient has never smoked.

**Review of Systems**



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D-RG-003986

DCM: 150916104380 PAGE: 005 SEQUENCE: SWF0917201500170001 Timestamp: 06:49:22 PM EST

HISTORY: Claimant is a 55-year-old male who presents with complaints of pain in the right upper extremity. In 2010, he complained of pain with numbness and tingling sensation of the right upper extremity. He was diagnosed with carpal tunnel syndrome and cubital tunnel syndrome. On 12/20/10, he underwent right carpal tunnel release performed by Dr. Mark Bragg. However, he remained symptomatic with paresthesias and pain and decided to perform right cubital tunnel release. However, he did not experience any pain relief from the procedure. In 2011, he was diagnosed by Dr. Nancy Otto with complex regional pain syndrome and was referred to pain management clinic. He was initially seen by Dr. Martinez who performed a stellate ganglion block and felt significant improvement of his symptoms for several days to weeks. He was also given Ketamine infusion with significant relief of his symptoms that lasted for almost 10 days. He was also seen by Dr. Sledge for his right shoulder pain. He was then referred and seen by Dr. Donald Bacon for continuity of care on 4/29/14. He recommended that he continue a 4 day Ketamine infusion. Percept was also refilled 1 PC every 5 hours. On 8/8/14, claimant was seen for follow-up. He reported that he is somewhat improved with the oral Ketamine and Ketamine infusion with 4 days of pain relief but pain started to return slowly. Patient also reported having burning pain in the left lower forearm and right shoulder. Kepra was added to his regimen as well as Vit D supplements. He also recommended lab work to include testosterone, RBC, folate, magnesium, phosphorus, CMP and Vit D. On 10/6/14, patient was seen for follow-up. He reported neck pain in the left lower cervical area and radiates to the shoulders. There was weakness of the arms and muscle spasm of the forearms. The pain also radiates to the anterior chest wall. He underwent ketamine infusion on 10/6, 10/7, 10/8 and 10/9 2014. MRI of the right shoulder on 1/21/14 showed tendinosis of the distal rotator cuff tendons. Mild subacromial fat effacement and bursal edema. Mild fraying of the superior and anterior labrum and mild osteoarthritic changes of glenohumeral joint. There was mild biceps tendinosis. There was also some degenerative changes of the AC joint. On 1/7/15, claimant was seen by Dr. Sledge for his shoulder pain. He complained of increasing pain in the right shoulder. The cortisone injection did not give him any relief. Examination showed good ROM of both shoulders with moderate periscapular tenderness, right more than left with AC joint findings on the right. On 2/25/15, claimant was seen for follow-up. On his last visit of 1/28/15, Lidocaine was added to the infusion and the pain has decreased to 2/10, but the pain level went up to 7/10 because of the weather change. He reported that the infusion has no impact on his

The above examinee was seen today for evaluation to render an impartial opinion regarding claimant's physical functional capability. It was explained to the examinee prior to the evaluation to the purpose of the examination and further explained that no physician/patient relationship would be established. The examinee has also been advised that I am an independent doctor and have been requested to conduct this evaluation by Access Medical Evaluators, Inc.

## REQUIRED MEDICAL EXAMINATION

09/03/2015 - Office Visit REQUIRED MEDICAL EXAM  
 Provider: Salvador P Baylan MD  
 Location of Care: Salvador P Baylan MD PA

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